

1969

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 202	
County <u>Greenlee</u>	District <u>Morenci</u>	ORIGINAL CERTIFICATE OF DEATH	
Town <u>Morenci</u>	Or City <u>Morenci</u>	County Registered No. <u>8</u>	
No. _____		Local Registrar's No. <u>4</u>	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Antonio Magliab</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race <u>White</u>	DATE OF DEATH <u>January 10</u> 191 <u>9</u>	
	White Indian	(Month) (Day) (Year)	
	Black Chinese		
	Mexican		
SINGLE		I hereby certify, that I attended deceased from <u>1-6</u>	
MARRIED		191 <u>9</u> to <u>1-10</u> 191 <u>9</u> ; that I last saw him alive	
WIDOWED		on <u>1-10</u> 191 <u>9</u> , and that death occurred on the date	
or DIVORCED		stated above at <u>4:30 P.</u> The DISEASE or INJURY causing	
DATE OF BIRTH _____		Death was as follows: <u>Cholera</u>	
(Month) (Day) (Year)		(Duration) <u>5</u> yrs. ____ mos. ____ days	
AGE <u>70</u> yrs. ____ mos. ____ days ____ hrs., or ____ min.		Was disease contracted in Arizona? <u>Yes</u>	
OCCUPATION		If not, where? _____	
(a) Trade, profession or particular kind of work <u>Miner</u>		CONTRIBUTORY <u>Emphysema, bronchitis</u>	
(b) General nature of industry, business, or establishment in which employed or (employer) <u>St. Mary</u>		<u>chronic</u> (Duration) <u>7</u> yrs. <u>7</u> mos. ____ days	
BIRTHPLACE (State or country) <u>Italy</u>		(Signed) <u>John J. ...</u>	
NAME OF FATHER <u>Don ...</u>		<u>1-11-</u> 191 <u>9</u> (Address) <u>Morenci</u>	
BIRTHPLACE OF FATHER (State or Country) <u>Italy</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
MAIDEN NAME OF MOTHER <u>Don ...</u>		LENGTH OF RESIDENCE	
BIRTHPLACE OF MOTHER (State or Country) <u>Italy</u>		At place of death ____ yrs. ____ mos. ____ ds. In Arizona ____ yrs. ____ mos. ____ ds.	
The Above Is True to the Best of My Knowledge (Informant) _____		Former or Usual Residence _____	
Address _____		Filed <u>Jan 11 9</u> 191 <u>9</u> <u>D. ...</u>	
PLACE OF BURIAL OR REMOVAL <u>St. Mary</u>		Local Registrar <u>P. ...</u>	
DATE OF BURIAL OR REMOVAL <u>Jan 11</u> 191 <u>9</u>		County Registrar	
UNDERTAKER _____		Address _____	